

**Lake County Board of County Commissioners Dental Plan Comparison**  
**10/1/2015 to 9/30/2016**

**Please refer to the Schedule of Benefits for a complete overview of dental benefits**

**Predetermination Recommended:** If Covered Dental Expenses for a procedure are expected to be more than \$200, it is recommended that you request a written Dental Treatment Plan prior to beginning treatment. For the PPO plan, your Provider will need to submit it to Humana. You and your dentist will be notified of the benefits payable based upon the Dental Treatment Plan. For the DHMO and/or Advantage Plan, request one from your dentist and compare to your schedule of benefits.

	<b>DHMO (CS150)</b>	<b>Advantage Plan (AVN2)</b>	<b>PPO (EP720 w/ortho)</b>
<b>Provider Network</b>	Network Providers (Assignment Required)	Network Providers (No Assignment Required)	Network or Non-Network
<b>Benefits / Services</b>	<b>Patient Pays</b>	<b>Patient Pays</b>	<b>Plan Pays</b>
Deductible	N/A	N/A	\$50/\$50
Routine Office Visit	\$5	\$0	100 % - No Deductible
Preventive Care	\$0 after Office Visit Copay	\$0 after Office Visit Copay	100 % - No Deductible
X-Rays	No Charge	No Charge	100% - No Deductible
Fillings - Amalgam (Silver)	No Charge	No Charge	80% After Deductible
Resin	\$35-\$120*	No Charge	80% After Deductible
Inlay	\$95-\$130*	\$313-\$414*	50% After Deductible
Periodontics- scaling & root planing	\$50 per quad	No Charge (limit 2 every 12 months)	50% After Deductible
Endodontics	\$100-\$250*	\$315-\$497*	80% After Deductible
Crown - Porcelain fused to high noble metal	\$280+Lab** (limit 1 every 5 years)	\$426-\$499** (limit 1 every 5 years)	50 % - After Deductible
Prothodontics/ Dental Prosthetics (e.g., dentures)	\$ 300 + Lab	\$542-\$709*	50 % - After Deductible
Maximums (non-orthodontia) Calendar Year/Lifetime	Unlimited	Unlimited	\$ 1,000/Unlimited
Orthodontic Treatment & Maximum	\$1,800 (children <19) \$2,000 (adults ≥19)	\$2,100 (children <19) \$2,300 (adults ≥19)	50% After Deductible Child and Adult coverage \$500 Calendar year max \$1,000 Lifetime Max

\* Please refer to the Dental Schedule of Benefits for cost detail.

\*\* Copayments do not include the additional cost of precious and semi-precious metal. Please see Schedule of Benefits for cost detail.